

**COLUMBIA SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS**

I hereby authorize the Columbia School District, hereinafter called COMPANY, to initiate credit entries to my Checking Account / Savings Account (circle one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law. Proof of account information MUST be attached.

Depository
Name _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Social Security # _____

Date _____ Signature _____

Email address _____

